

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>JOHN</u> MI	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked <b>RECEIVED</b> <b>JUL 15 2005</b> <b>CITY SECRETARY</b> Receipt # Amount Date Processed Date Imaged	
	NICKNAME <u>JR</u> LAST <u>SHIKE</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input type="checkbox"/> Change of Address	<u>6523 BRIAR GLADE</u> <u>HOUSTON, TX 77072</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(281)</u> <u>879-8066</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
	<u>N</u> <u>RENTERIA</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE		
	<u>14405 RIO BONITO</u> <u>HOUSTON, TX 77083</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	<u>(281)</u> <u>561-8400</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>02 / 07 / 2005</u> <u>07 / 14 / 2005</u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>11 / 08 / 2005</u>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<u>HOUSTON CITY COUNCIL DIST F</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name <u>N/A</u> Address / PO Box: Apt / Suite #: City: State: Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 140.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,102.84

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 139.56

4. TOTAL POLITICAL EXPENDITURES

\$ 3,242.40

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 17,440.00

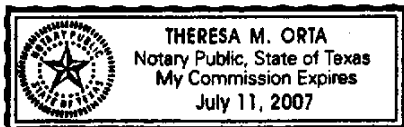
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Shike, this the 15<sup>th</sup> day of July, 2005, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Theresa Orta  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-08-05

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN SHIKE

7 Amount of contribution (\$)

6,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77072

9 Principal occupation / Job title (See instructions)

MORTGAGE BANKER

10 Employer (See instructions)

Date

4/12/05

Full name of contributor

☐ out-of-state PAC (ID#)

ANEES LAIQUE

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77063

Principal occupation / Job title (See instructions)

INVESTOR

Employer (See instructions)

Date

4/20/05

Full name of contributor

☐ out-of-state PAC (ID#)

HUMERA LAIQUE

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77083

Principal occupation / Job title (See instructions)

BUSINESS

Employer (See instructions)

Date

5/11/05

Full name of contributor

☐ out-of-state PAC (ID#)

ANEES LAIQUE

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77083

Principal occupation / Job title (See instructions)

INVESTOR

Employer (See instructions)

Date

5/12/05

Full name of contributor

☐ out-of-state PAC (ID#)

HUMERA LAIQUE

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77043

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/19/05

5 Full name of contributor ☐ out-of-state PAC (ID#)

ANEES LAIQUE

7 Amount of contribution (\$)

3,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77083

9 Principal occupation / Job title (See Instructions)

INVESTOR

10 Employer (See Instructions)

Date

06/05/05

Full name of contributor ☐ out-of-state PAC (ID#)

GREG YAKIM

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77027

Principal occupation / Job title (See Instructions)

HOME BUILDER

Employer (See Instructions)

Date

06/05/05

Full name of contributor ☐ out-of-state PAC (ID#)

GREGORY W. WARNEY

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

TOMBALL, TX 77377

Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

Employer (See Instructions)

Date

06/06/05

Full name of contributor ☐ out-of-state PAC (ID#)

LANCE WRIGHT

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/05

Full name of contributor ☐ out-of-state PAC (ID#)

HUMERA LAIQUE

Amount of contribution (\$)

3,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

HOUSTON, TX 77083

Principal occupation / Job title (See Instructions)

BUSINESS INVESTMENT

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission files)

4 Date

07/08/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

WILLARD P. CONRAD

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77036

7 Amount of  
contribution (\$)

1,000.00

8 In-kind contribution  
description (if applicable)

9 Principal occupation / Job title (See Instructions)

ATTORNEY

10 Employer (See Instructions)

Date

07/09/05

Full name of contributor

☐ out-of-state PAC (ID#)

N. RENTERIA

Contributor address; City; State; Zip Code

HOUSTON, TX 77083

Amount of  
contribution (\$)

1,000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/09/05

Full name of contributor

☐ out-of-state PAC (ID#)

RICARDO RENTERIA

Contributor address; City; State; Zip Code

HOUSTON, TX 77083

Amount of  
contribution (\$)

1,000.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JOHN SHIKE

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-10-05

5 Payee name

FAR EAST PRINTING

7 Amount (\$)

811.88

6 Payee address; City; State; Zip Code

7607 BOONE RD  
HOUSTON, TX 77072

8 Purpose of payment (See instructions regarding type of information required.)

Printing

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

03/01/05

Payee name

OFFICE DEPOT

Amount (\$)

136.48

Payee address; City; State; Zip Code

6904 S.W. FWY  
HOUSTON, TX 77036

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

3/29/05

Payee name

OFFICE DEPOT

Amount (\$)

62.24

Payee address; City; State; Zip Code

6904 S.W. FWY  
HOUSTON, TX 77036

Purpose of payment (See instructions regarding type of information required.)

PAPER &amp; MATERIAL

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

04/04/05

Payee name

OFFICE of PAUL BETENCOURT

Amount (\$)

75.00

Payee address; City; State; Zip Code

1001 PRESTON  
HOUSTON, TX 77062

Purpose of payment (See instructions regarding type of information required.)

VOTER LISTING LABELS.

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <b>JOHN SHIKE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>04/04/05</b>	5 Payee name <b>U.S. POST OFFICE</b>	7 Amount (\$) <b>237.00</b>	
6 Payee address; City; State; Zip Code <b>BEECHNUT HOUSTON TX 77077</b>			
8 Purpose of payment (See instructions regarding type of information required) <b>Postage.</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>05/10/05</b>	Payee name <b>FAR EAST PRINTING</b>	Amount (\$) <b>1244.87</b>	
Payee address; City; State; Zip Code <b>7617 BOON RD HOUSTON, TX 77036</b>			
Purpose of payment (See instructions regarding type of information required) <b>Printing</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>7/1/05</b>	Payee name <b>SABRI NIKHARI</b>	Amount (\$) <b>340.61</b>	
Payee address; City; State; Zip Code <b>5901 HILLCROFT HOUSTON TX 77036</b>			
Purpose of payment (See instructions regarding type of information required) <b>CAMPAIGN LUNCH</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <b>07/07/05</b>	Payee name <b>OFFICE DEPOT</b>	Amount (\$) <b>194.76</b>	
Payee address; City; State; Zip Code <b>6904 SOUTH WEST FWY HOUSTON, TX 77036</b>			
Purpose of payment (See instructions regarding type of information required) <b>Printing, Papers etc</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME

JOHN SHIKE

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	<b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED





**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:**2** FILER NAME

JOHN SHIKE

**3** ACCOUNT # (Ethics Commission files)**4** Date**5** Full name of contributor☐ out-of-state PAC (ID# \_\_\_\_\_)**7** Amount of  
contribution (\$)**8** In-kind contribution  
description (if applicable)**6** Contributor address; City; State; Zip Code**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I:**2** FILER NAME

JOHN SHIKE

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name <b>6</b> Payee address; City; State; Zip Code <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <b>JOHN SHIKE</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  6 Business address; City; State; Zip Code <b>NONE</b>	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G:**2** FILER NAME

JOHN SHIKE

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME <b>JOHN SHIKE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)
6 Is lender a financial institution?  Y       N	8 Lender address;    City;    State;    Zip Code		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code	
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution?  Y       N	Lender address;    City;    State;    Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable		Name of guarantor  Guarantor address;    City;    State;    Zip Code	
Principal Occupation		Employer	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			



**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:**2** FILER NAME

JOHN SHIKE

**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED PLEDGES:

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address;

City;

State;

Zip Code

None

**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

